

*Handwritten signature/initials*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Sheldon YOURIST *et al.*

Art Unit: 3727

Appl. No. 10/662,879

Examiner: Sue A. WEAVER

Confirmation No. 1152

Filed: September 16, 2003

Atty. Docket No. 29953-184842

For: PLASTIC CARAFE

Customer No.

**26694**

PATENT TRADEMARK OFFICE

**INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97(d) and § 1.97(e)**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

This is an Information Disclosure Statement submitted under 37 C.F.R. § 1.97 within the time specified under 37 C.F.R. § 1.97(d).

In order to comply with applicant's duty of disclosure under 37 C.F.R. § 1.56, the U.S. Patent and Trademark Office is notified of the six documents which are listed on the attached Form PTO/SB/08A. Copies of the two foreign references are submitted herewith.

The instant Information Disclosure Statement is being filed after the mailing date of the Notice of Allowance under 37 C.F.R. § 1.311. Accordingly, pursuant to 37 C.F.R. § 1.97(d), a statement and fee in the amount of \$180.00 are submitted.

11/28/2005 H0000004 (2005) 10662879  
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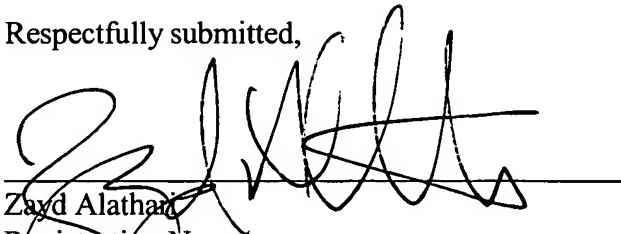
## STATEMENT

Pursuant to 37 C.F.R. § 1.97(e), on information and belief each item of information contained in this Information Disclosure Statement was first cited in a supplementary European search report (copy enclosed) issued on November 3, 2005 in the counterpart European Application No. 03749673.4, not more than three months prior to the filing of this Statement.

In view of the above, no further translation or statement of relevance is required, and as all requirements of 37 C.F.R. § 1.97 and all official guidelines pertaining to Information Disclosure Statements have been complied with, and it is therefore respectfully requested that the Examiner consider the documents and make them of record.

A check in the amount of \$180.00 is attached. If no check is attached, please charge any necessary fee or credit any overpayment in connection with this Information Disclosure Statement to Deposit Account No. 22-0261.

Respectfully submitted,



Date: November 23, 2005

Zayd Alathan  
Registration No.

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Please type a plus sign (+) inside this box → ☐

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
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Institute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 1

### Complete if Known

Application Number	10/662,879
Filing Date	September 16, 2003
First Named Inventor	Sheldon YOURIST et al.
Group Art Unit	3727
Examiner Name	Sue A. WEAVER
Attorney Docket Number	29953-184842

### U.S. PATENT DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code <sup>2</sup> (if known)			
	A1	5,908,127		Weick et al.	06-01-1999	
	A2	5,224,614		Bono et al.	07-06-1993	
	A3	5,427,258		Krishnakumar et al.	06-27-1995	
	A4	2,641,374		F. Der YUEN	06-09-1953	
	A5					
	A6					
	A7					
	A8					
	A9					
	A10					

### FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sub>8</sub>
		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	B1	WO	89/07553			08-24-1989		
	B2	EP	0269066			06-01-1988		
	B3							
	B4							
	B5							

### OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	C1		
	C2		
	C3		
	C4		
	C5		

Examiner  
Signature

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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VENABLE  
ATTORNEYS AT LAW

**PTO FEE TRANSMITTAL**  
**for FY 2005**  
Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 180

**Complete if Known**

Application Number	10/662,879
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 22-0261</p> <p>Deposit Account Name: Venable LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Lrg Ent Fee (\$)</th> <th>Fee Code</th> <th>Sm Ent Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search Fee</td><td></td></tr> <tr><td>1112</td><td>100</td><td>2112</td><td>50</td><td>Design Search Fee</td><td></td></tr> <tr><td>1113</td><td>300</td><td>2113</td><td>150</td><td>Plant Search Fee</td><td></td></tr> <tr><td>1114</td><td>500</td><td>2114</td><td>250</td><td>Reissue Search Fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination Fee</td><td></td></tr> <tr><td>1312</td><td>130</td><td>2312</td><td>65</td><td>Design Examination Fee</td><td></td></tr> <tr><td>1313</td><td>160</td><td>2313</td><td>80</td><td>Plant Examination Fee</td><td></td></tr> <tr><td>1314</td><td>600</td><td>2314</td><td>300</td><td>Reissue Examination Fee</td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - 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<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other Deposit Account</p>		<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1011</td><td>300</td><td>2011</td><td>150</td><td>Utility filing fee</td><td></td></tr> <tr><td>1012</td><td>200</td><td>2012</td><td>100</td><td>Design filing fee</td><td></td></tr> <tr><td>1013</td><td>200</td><td>2013</td><td>100</td><td>Plant filing fee</td><td></td></tr> <tr><td>1014</td><td>300</td><td>2014</td><td>150</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>200</td><td>2005</td><td>100</td><td>Provisional filing fee</td><td></td></tr> <tr><td>1081</td><td>250</td><td>2081</td><td>125</td><td>Utility App. Size Fee</td><td></td></tr> <tr><td>1082</td><td>250</td><td>2082</td><td>125</td><td>Design App Size Fee</td><td></td></tr> <tr><td>1083</td><td>250</td><td>2083</td><td>125</td><td>Plant App. Size Fee</td><td></td></tr> <tr><td>1084</td><td>250</td><td>2084</td><td>125</td><td>Reissue App Size Fee</td><td></td></tr> <tr><td>1085</td><td>250</td><td>2085</td><td>125</td><td>Prov. App Size Fee</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td></td> <td>(\$0)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20 **</td> <td>-3**</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2204</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>** Reissue independent claims in excess of three</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td></td> <td>(\$)</td> </tr> </tbody> </table>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1011	300	2011	150	Utility filing fee		1012	200	2012	100	Design filing fee		1013	200	2013	100	Plant filing fee		1014	300	2014	150	Reissue filing fee		1005	200	2005	100	Provisional filing fee		1081	250	2081	125	Utility App. Size Fee		1082	250	2082	125	Design App Size Fee		1083	250	2083	125	Plant App. Size Fee		1084	250	2084	125	Reissue App Size Fee		1085	250	2085	125	Prov. App Size Fee		<b>SUBTOTAL (1)</b>					(\$0)	Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	-20 **	-3**					Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2204	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims in excess of three		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$)																																																																																																
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\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b> Complete (if applicable)		<b>Reg No. Attorney/Agent</b> 42,256		<b>Telephone</b> 202-344-4000	
<b>Name (Print/Type)</b> Zayd Alathari		<b>Date:</b> November 23, 2005			
<b>Signature</b>					

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